



HOUSING FOR THE AGED ACTION GROUP INC.

Supplementary submission to the Inquiry into Aged Care Bill 2024

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Introduction

Thank you for inviting Housing for the Aged Action Group (HAAG) to provide evidence before the committee on 17th October 2024. This supplementary submission relates only to prematurely aged homeless people. Please note that this Submission should be read in conjunction with our previous Submission to the Aged Care Bill 2024 [Provisions] inquiry.

We write this submission in response to the inquiry hearing on the 17th October 2024. We are particularly concerned by the suggestion that no person under 65 should be eligible for aged care services in any circumstance. If implemented, this would exclude prematurely aged homeless people, or those at risk of homelessness, from accessing specialist aged care services like residential care and Support at Home.

Our clients often age prematurely as a result of cumulative and persistent disadvantage and have one or more age-related conditions. While these people are not aged 65+, they require access to aged care services earlier than the rest of the population. Many of our clients are not eligible for the National Disability Insurance Scheme.

Case studies:

1. Bob, 63 years old at the time of contacting our service, was sleeping in his car in a friends driveway, due to not being able to afford rent. He was receiving Jobseeker payments, and despite his multiple health issues, was not eligible for the Disability Support Pension or NDIS. He had very high medication bills and was experiencing chronic pain, anxiety, depression and was awaiting major surgery. He had approval for Commonwealth Home Support (CHSP), however, was unable to receive them due to not having housing. After being supported to obtain long term affordable housing, Bob was connected with aids and equipment and a CHSP package.
2. Juanita, 56 years old, became homeless three years ago when her husband passed away, which meant she could no longer afford the rent on her Special Benefit payments. She has been receiving treatment for cancer and has multiple other health conditions. She has been approved for priority access on the housing waitlist, and is waiting for an offer. She is unable to receive any home care support due to unstable housing.
3. Peter, 60 years, was living in a very run down rental property that was due to be demolished, with no formal lease. Peter has an acquired brain injury, memory loss, depression, anxiety and seizures. He is not receiving NDIS but receives the Disability Support payment. HAAG supported Peter to obtain long term affordable housing, and was then connected with aged care support including allied health.
4. Jane, 62 years old, had been homeless for 8 years house sitting, couch surfing and staying with friends. Jane had recently been diagnosed with a degenerative disease, and suffers from chronic pain, depression, anxiety and restricted mobility. In order to access treatment she requires accommodation near her hospital. She is being assisted with finding long term housing, however, while she is waiting, she is unable to receive any home care support due to unstable housing.

Homelessness and Premature Ageing

It is an unfortunate fact that people who are homeless are more likely to experience premature ageing and premature death¹ A 2014 paper published in the Lancet found that ‘homeless individuals aged 50 years and older have higher rates of age-related conditions (functional impairments, cognitive impairments, falls, and urinary incontinence) than a general population comparison that is 20 years older². It is imperative that people who are prematurely aged as a result of homelessness (or at risk of homelessness) are able to access age-appropriate care. Research has shown that:

- People experiencing homelessness are more likely to prematurely age when compared to the general population.
- Chronic health conditions are generally more common amongst older people experiencing homelessness.
- Older and prematurely aged people who are experiencing homelessness often also experience mental illness, which may be the result of, or compounded by, traumatic experiences while homeless.
- The risk of death for older and prematurely aged people experiencing homelessness is higher than that for older and prematurely aged people with housing.
- Older and prematurely aged people may be experiencing homelessness as a result of abuse and have continued higher rates of abuse while homeless³.

It is important to distinguish between ‘young people’ and ‘prematurely aged people’:

- Premature aging refers to when ‘a person's physiological system deteriorates earlier and/or more rapidly than when compared to other people or cohorts of comparable age⁴.
- ‘Young people’ who access aged care services often have complex and overlapping healthcare needs and may have a disability. Young people with disabilities who are not prematurely aged should not be encouraged to live in residential aged care in the first instance, and require assistance to understand their options.

HAAG endorses Wintringham’s submission to the Parliamentary Inquiry into the Aged Care Bill 2024 [Provisions], which states that:

Young people in their 20’s and 30’s should most definitely not be in aged care settings. People who at least 50 years of age and are prematurely aged as a result of homelessness and who want to live in an environment such as Wintringham, should be able to do so⁵.

¹ Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet (London, England)*, 384(9953), 1529–1540. [https://doi.org/10.1016/S0140-6736\(14\)61132-6](https://doi.org/10.1016/S0140-6736(14)61132-6).

² Ibid.

³ See references in: Australian Association of Gerontology (AAG). Background Paper. Older women who are experiencing, or at risk of, homelessness [Internet]. Melbourne; 2018 Aug [cited 2018 Aug 15]. Available from: <https://www.aag.asn.au/documents/item/2234>.

⁴ Mantell, R., Hwang, Y. I. J., Radford, K., Perkovic, S., Cullen, P., & Withall, A. (2023). Accelerated aging in people experiencing homelessness: A rapid review of frailty prevalence and determinants. *Frontiers in public health*, 11, 1086215. <https://doi.org/10.3389/fpubh.2023.1086215>

⁵ Wintringham, Submission to Senate Standing Committee on Community Affairs, Inquiry into the provisions of the aged Care Bill 2024, accessible at: <https://www.aph.gov.au/DocumentStore.ashx?id=d86c8065-e16a-4b9c-9d35-1d4621e85164&subId=768288>

Residential aged care providers who receive the homelessness supplement may be the most suitable housing option for prematurely aged people who are experiencing homelessness. They should not be prevented from accessing this option simply due to an age cut off of 65 years. Similarly, prematurely aged people aged 50-64 who are experiencing homelessness or are at risk, and living in the community, should not be prevented from being assessed for, and if possible, receiving in-home aged care. Providing in-home care for prematurely aged people prevents unnecessary entry to residential aged care by supporting them to remain living independently.

At the moment in order to be assessed for aged care, a prematurely aged person under 65 must provide documentary evidence that they have been rejected for NDIS support and exhausted all other options.

Case study

Mary*, 53 years old, was released from a psychiatric institution and was homeless when referred into our care finder by a housing service. At first, our care finder tried to assist Mary to be registered with My Aged Care as she is prematurely aged, however, in order for this to be accepted, the client must have documented evidence that they have been rejected from NDIS, as she is under the age of 65.

For many months our care finder attempted to get approval for Mary to receive NDIS support, by facilitating preliminary access requests over the phone, and assisting her with collecting evidence from her doctor on how her mental illness impacted her functionality. Mary was finding the delays and form requirements very frustrating, and verbally abused the staff at her doctor's surgery, resulting in her being barred from the clinic. This meant that she was no longer able to access medication or a support letter from that doctor. The advice from NDIS was to find another doctor, and the care finder assisted her to find one however the same thing happened, and she was banned from another clinic.

By this stage, Mary admitted that she was unable to directly engage with services due to her mental health, and she vented her frustration many times via text and phone calls to our care finder. She was in need of an advocate to act on her behalf; however, the care finder was unable to find any supports for Mary, due to long wait lists, services unaffordable for people on the Disability Pension or Mary was not willing to engage with them due to negative past experiences.

Recommendations

- In consultation with the sector, establish best-practice and consistent definitions of:
 - Homelessness.
 - Premature Aging.
- Ensure aged care services can be accessed in an easy, timely and appropriate manner by people who are prematurely aged as a result of homelessness or being at risk of homeless.